

10/516929

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		5		1		
4		2				
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TOTAL		2				
TOTAL		2				
TOTAL		2				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS